

Fertility in adolescence

ADOLESCENT SEXUALITY—CHANGING NEEDS AND VALUES

MANUEL CARBALLO

WHO, Geneva

Concern about the health of adolescents, their patterns of social and sexual interaction as well as the ways in which they ultimately are able to adapt to the outcomes of their interaction is a relatively recent development (Carballo & Engstrom, 1975). In no small way the concern currently being addressed to this issue is indicative of a much broader preoccupation with the impact of social change on individual and community health in general. For while adolescents, because of their particular position in modern and modernizing societies, have possibly presented more socially dramatic manifestations of the effects of a new environment on lifestyle and behaviour, they have not been alone in experiencing these social change influences. Many of the ambiguities, stresses and needs of modern society have produced, in one way or another, health and psycho-social problems among other age groups too.

Why adolescence has attracted the specific attention that it has derives from a number of reasons. The first is no doubt the concern for a young age group as expressed in the keynote speech (Kazemian, 1977) to a recent conference on adolescent fertility where the phrase ‘... the tragic phenomenon of children who become parents before they become adults’ was used. A second reason is no doubt the growing evidence that changing patterns of sexuality and fertility among adolescents are widespread and not as culturally specific as had previously been thought. That the changes taking place in sexual behaviour are proving to be more disfunctional for the health and social adaptation among adolescents than among an older population has similarly contributed to the concern. A fourth possible reason is that adolescents represent a major demographic, economic and political force, especially in developing countries, and that the health-related needs of such a large group cannot be overlooked without significant implications for the future of those societies.

What is adolescence

Adolescence is usually taken to include the period between 10 and 19 years of age. According to different social or cultural settings, this definition may vary somewhat. It may for example depend upon how the society views children, what expectations it places upon them, what emotional, familial and economic values they have traditionally represented and what level of industrial development the society itself is at. In the past, some societies have not conceptualized adolescence

as a specific age period having particular needs and requiring special attention. It is probably true to say, though, that as the social, if not the economic, characteristics of modernization gradually become diffused through mass media channels and as a result of more rapid and easy communication in general, the notion of adolescence as a developmental period with particular attributes and needs will become more accepted. With it, the definition of the various qualities that characterize adolescence will tend to become more uniform.

Irrespective of social definition, however, there are a series of basic physiological and anatomical qualities that transcend any social and cultural boundaries. During the early part of adolescence, for example, the adolescent experiences a clearly defined acceleration in growth. In terms of overall height and weight and in the shape of the body, marked changes take place. There is a development and growth of the gonads, of the secondary sexual organs and sexual characteristics. The respiratory, circulatory and muscular system experiences growth and becomes more competent to deal with added demands on the body. And while there may be variations in all these processes from one individual to another, or from one group to another according to nutritional, biomedical and other background factors, the general theme of growth nevertheless remains relatively consistent and uniform.

In industrial societies, particularly, many of the processes outlined above have been shown to be occurring earlier in life; Tanner (1962) for example, has described a secular trend towards decreased age at menarche. As life styles and nutrition practices change in what are yet non-industrialized societies, similar patterns of earlier maturation can be expected to emerge there too.

At the same time as these physical changes are emerging, so are marked psychological and emotional ones. Much of the physiological maturation that takes place, particularly that involving sexual development, calls for a new repertoire of behaviour on the part of the adolescent. These changes must be identified, evaluated, learned and adapted to. There are new personal needs and there are the needs of society. Growing taller, heavier, more adult-like, marks the need for new attitudes to the outside extra-familial world. There is a greater consciousness about social background and of the capability and needs of the self in this broadened context. Relationships with the family undergo change. Responsibility for well-being, for personal associations, begins to lie more with the individual than it has probably done at any earlier stage in life.

During this process of transfer of responsibility, the adolescent must seek to establish not only who she or he is, but also what types of relationships with the outside world will be built and what type of an orientation will be made to the future in terms of career and continued self-development. Frisk (1975) outlines six needs which the adolescent must accommodate to. The adolescent, he says, must: (1) accept and integrate the physical development; (2) find an adequate sexual role and function that is appropriate for the culture in which he operates; (3) attain an adult state with self-reliance, confidence and ability to cope with life; (4) reach an acceptable position in society; (5) develop a conscience, responsibility, morality and values adapted to the actual milieu and culture; (6) solve early and actual problems in self-experience and in relation to the environment. The process of

adolescence is thus one in which the child must accommodate to a new pattern and rate of growth and development with its attendant physical and psycho-social needs, and at the same time adapt to the social environment in which he functions and which in turn has its own needs and prerequisites.

Adaptation

Most animal species, in order to adapt to new situations and as part of their socialization process, rely upon models of behaviour provided by older members of their group. These reference models have usually been developed over time and are not only consistent with the survival of the group within its normal ecological environment, but being so, are also, in a variety of ways, enforced by the collective group on individual members. Adolescents are no exception to the general rule. Like their adult counterparts, they need to gain their image of themselves and develop their social personalities from those around them and the examples they are provided with. Their guidelines for behaviour are what others tell them is appropriate and sanctioned, what they see others doing and what they perceive to be the activities most approved and disapproved of by the majority. How their patterns of sexuality develop, what sexual values they adopt and how they relate to family life and reproduction is no exception to this rule. Indeed, it is very much a part of it. In determining how to behave sexually the adolescents are not attempting to create new styles of interaction as much as they are attempting to interpret the range of behaviours around them in a way that is meaningful for their own context, their own capabilities, needs and possibilities.

In the past, the process of adaptation was facilitated in different ways. Adolescents—just as their families of origin—could be expected to be stable. They remained within or close to the family environment throughout their formative years, usually pursued the same occupational activities as their parents, and once married, set up their own families within the same community. Even in what are now highly industrialized societies, this was the pattern of family life until relatively recently. In what were agrarian societies, it was all the more so.

The lives and conduct of adolescents, just as those of adults, were circumscribed by highly structured cultural patterns that evolved in order to ensure the maintenance of society. These demarcated what could or could not be tolerated, given the needs of the society. Where sexual and reproductive behaviour was concerned, strict courtship and marriage customs governed most alternatives and when individuals married and reproduced became less the function of individual choice than a function of the needs of the society and the family situation.

Modernization

Modernization has involved an erosion of many of these customs, traditions and social patterns. Courtship and marriage have become more flexible and less structured by the economic needs of society and family, they are open to much greater individual choice and planning. At the same time, marriage has become a

less finite arrangement and divorce (UN, 1973; 1974) far more accepted. The types and permutations of relationships that are acceptable to society have broadened and in so doing present a more difficult choice for the adolescents. Emphasis on education and occupational mobility in modern technological society and rapidly developing societies has contributed to adolescents leaving their families of origin earlier in order to start their own careers. The trend is complemented by an increasing erosion of the extended family, and a segregation of its individual members. Generational interactions within the family have been curtailed and, with them, the possibilities for continued socialization, guidance and control by older more experienced members of the family. Individual members are no longer tied by the same service and dependency arrangements to each other and have less legitimated power over each other's activities.

In the contemporary, modern and modernizing world, then, what was previously the principal agent for socialization and control has become a far less cohesive and effective mechanism. Unfortunately it has not been replaced by another institution with the same function or ability to prepare and guide the adolescent. Much of the responsibility has been delegated to formal school systems, but these have often been unable to fulfil that responsibility. Their approach has often been a theoretical one and unrelated to the everyday and fast changing reality of the world of the adolescent. Few have been equipped, moreover, to deal in a meaningful way with human reproduction and sexual needs. The result has been an information and value vacuum which has invited new permutations to be offered. Adolescents, among others, have had to seek among the various alternatives proposed or to innovate their own alternatives.

Sources of information

One of the most influential of all information sources has been what is usually termed the 'youth culture'. Created and diffused through an increasingly sophisticated network of mass-media and communication technology, it has fast become a ubiquitous force. It has created internationally acceptable symbols of music, dress, personality and behaviour and has probably become one of the most dominant factors in the 'socialization' of adolescents. It has provided, in a non-formal way, the type of ideological framework that generations use in order to distinguish themselves from previous and subsequent age-groups. And in the sense that this media-precipitated or media-facilitated culture has provided the sense of an integrated group in which all adolescents can participate, it has, to a great extent, created a 'community' to replace the diminishing role of the extended family and the collective values and relations existing before rapid transport and socially encouraged mobility became so dominant. Many of the values proposed through this culture may in fact be consistent with those of the larger society and the adult world. Others, however, fail to be and place those exposed to them in a situation of ambiguity and stress.

The adolescent, of course, is not limited to this youth culture for information. He is equally exposed to an adult culture and here too there have been significant changes in values, in the expression of behaviour, in the types of behaviour

considered permissible and perhaps most importantly, the behaviour openly demonstrated through the media. In the modern social context, certainly that expressed in the media, there are far more liberal attitudes to sex. The portrayal of sex in all the media has increased and become more palpable. The public display of it has similarly become more open and liberal attitudes to sex have been applauded generally.

Needs

What needs have emerged have been defined as a result of the overall social changes that have taken place, what the process of adolescence involves, and who the contemporary adolescent is.

In a social context in which sexual activity is more free, then, irrespective of age group involved, it is natural that there be accommodative processes to protect individuals in, and as a result of, that activity. The real situation, however, is one of some contradiction. For while new patterns of behaviour are openly approved of, there often remain vestiges of traditional attitudes to sex that prevent realistic measures being taken.

Contraceptive services for adolescents continue to be poorly designed and, in many cases, to be virtually unavailable. Education in human reproduction and in the broader meaning of family life has not been given the attention it deserves and few school systems have integrated this type of education into on-going curricula. Indeed, the rights and responsibilities of schools in this area still remain to be clarified and supported.

Social measures designed to assist adolescents who do become pregnant are few. As a result, the social costs to the adolescent in terms of uncompleted education, marital instability and economic need continue to be unnecessarily high. Health services specifically designed to take care of the adolescent not only in terms of obstetrical care and sexually transmitted diseases but also in terms of effective and sensitive counselling remain to be developed.

But perhaps most important of all is the absence of sound information on sexual activity, its role, its potential outcomes and the alternatives before the individual adolescent in dealing with his or her personal needs. Not only is there an absence of information but, equally, insufficient attention to investigating the most appropriate and effective channels for delivering this information.

The adolescent is someone experiencing marked changes in his body, his mind and his environment. Throughout this he is expected to establish an identity and to lead a healthy life. In the context of a rapidly changing social environment, this is made all the more difficult when sound advice and examples are not forthcoming.

Discussion

Stella: I appreciated Dr Carballo's paper because it highlighted some of my concern, especially when he discussed modelling; I have no data but my own experience working with young people in the South-East Asia region for IPPF, especially in relation to problems of adolescent sexuality, suggests that the sort of

sexual activity which causes difficulties among adolescents results from the example given by their parents. Young girls or young boys become promiscuous because that is what their parents are; I am glad that it has been mentioned here.

Ryde-Blomqvist: We also need to remember that some of the 16% of young people who have not had intercourse before coming to a clinic for contraceptive advice may sometimes want to be told that they must not have sex.

Kodagoda: We have had a tendency—at any rate during the past 20 years—to view rites and rituals associated with marriage from a wrong perspective. If we are discussing, say, the African scene, we try to evaluate an African rite or custom from an Asian viewpoint or vice-versa. Over the years different countries have evolved their own cultural ecology, which should not be destroyed or altered in a hurry. A national cultural ecology must not be tampered with by attaching to it value judgments from outside. This is something which we tend to forget.

F. A. Sai: Again, referring to the puberty rites and taboos, I maintain that at the moment we do not teach as much as we should. Perhaps a long time ago a lot was taught by tradition. In my search for solutions I feel that we should study tradition more carefully, perhaps even clarifying and reforming it, so that it could once more become a source of learning.

References

- CARBALLO, M. & ENGSTROM, L. (1975) Reproductive activity in adolescence: some background factors and implications. In: *Puberty, Biologic and Psychosocial components*. Edited by S. R. Berenberg. Stenfert Kroese, Leiden.
- FRISK, M. (1975) Puberty: emotional maturation and behaviour. In: *Puberty, Biologic and Psychosocial Components*. Edited by S. R. Berenberg. Stenfert Kroese, Leiden.
- KAZEMIAN, N. (1977) Keynote speech to the First Inter-Hemispheric Conference on Adolescent Fertility. In: *Adolescent Fertility*. Edited by D. J. Bogue. University of Chicago Press.
- TANNER, J.M. (1962) *Growth and Adolescence*. Blackwell Scientific Publications, Oxford.
- UNITED NATIONS (1973) *The Determinants and Consequences of Population Trends*, Vol. 1, p. 356. UN, New York.
- UNITED NATIONS (1974) *The Population Debate: Dimensions and Perspectives*, Vol. 1. Papers of the World Population Conference, 1974. UN, New York.